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DECLARATION FOR UTILITY OR					Attorney Docket Number	12636-267			
DESIGN					First Named Inventor	REDKAR			
PATENT APPLICATION				LICATION	COMPLETE IF KNOWN				
(37 CFR 1.63)			1.63)	Application Number	10/080,530				
with Initial		□ Declaration □ Submitted after Initial	Filing Date	2/21/2002					
	with Initial			OR	Filing (surcharge	Group Art Unit	2862		
	Filing				Examiner Name	Not Assigned			

As a below named Inventor, I hereby declare that:										
My residence, post office	address, and ci	itizenship are as stated bele	ow next to my na	ame.						
I believe I am the original names are listed below) of	l, first and sole i	inventor (if only one name atter which is claimed and f	is listed below) or which a pater	or an original, nt is sought or	first and joint inv the invention en	rentor (if plural titled:				
COMPOSITIONS AND FORMULATIONS OF 9-NITROCAMPTOTHECIN POLYMORPHS AND METHODS OF USE THEREFOR										
		(Title of the li	nvention)							
the specification of which is attached hereto OR										
was filed on (MM/	DD/YYYY)	02/21/2002	as United S	States Applica	ition Number or F	CT International				
Application Number 10/080	0,530 and was	amended on (MM/DD/YYY	Y) [(if appl	icable).						
I hereby state that I have amended by any amendme	reviewed and nt specifically re	understand the contents eferred to above.	of the above id	entified speci	fication, including	g the claims, as				
I acknowledge the duty to d	isclose informat	tion which is material to pat	entability as def	ined in 37 CF	R 1.56.					
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.										
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Prior Not Cla		Certified Co YES	py Attached? NO				
Trainizor (c)		, , , , , , , , , , , , , , , , , , ,								
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Additional foreign applic	ation numbers	are listed on a supplementa	al priority data st	neet PTO/SB/	028 attached her	eto:				
		119(h) of any United States		lication(s) list	ed below.					
Application Number(s) Filing Date (MM/DD/YYYY) Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto.										

(Page 1 of 2)

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DECLARATION — Utility or D sign Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of the application is not designated in the prior United States or PCT international application in the manner provided by the first paragraph of 31 U.S.C. 112. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

between the filing date of the prior application and the national or PCT international filing date of this application.													
U.S. Parent Application or PCT Parent Number												nt Patent Number (if applicable)	
									,		•		
☐ Additional U.S.	or PCT	international applic	ation num	bers are	listed o	on a s	upplementa	l prior	ity data sheet	PTO/SB/0	28 attac	ched hereto.	
As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: OR Registered practitioner(s) name/registration number listed below									Place Customer Number Bar Code Label here				
	lame			gistration Number				N	lame	Registration Number			
Additional regist	tered pra	ctitioner(s) named	on supple	emental R	Register	red P	ractitioner Ir	nforma	ation sheet PT	O/SB/02C	attache	d hereto.	
Direct all correspo	ondence		er Numb Code Lab			02	1971		OR 🖾	Correspon	dence	address below	
Name	David	J. Weitz											
Address	Wilso	n Sonsini Goodric	h & Rosa	ati					_				
Address	650 P	age Mill Road											
City	Palo A	Alto	,				State	CA	ZIP	94304			
Country	U.S.		Teleph			493-			Fax	650-493-			
I hereby declare the believed to be true; punishable by fine application or any pa	and fur or impris	ther that these sta sonment, or both,	atements :	were ma-	de with	the	knowledge	that v	willful false st	atements a	nd the	like so made are	
Name of Sole	or Fire	st Inventor:				A pe	etition has	beer	n filed for th	is unsign	ed inv	entor	
Given	Name	(first and middle	(if any)						Family Nam	e or Surna	me		
		Sanjeev		0	,				REC	KAR			
Inventor's Signature Date 05/03/2002									5/03/2002				
Residence: City Union City			Stat	State CA			Country US		Citizenship IN				
Post Office Addre	ess												
Post Office Addre	ess	30723 Churchi	II Court	<u>-</u>						<u> </u>			
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	ntors ar	e being named o	n the 1 s	uppleme	ntal A	dditio	nal Invento	or(s) s	sheet(s) PTC)/SB/02A a	ttache	d hereto:	





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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 1

Name of Additional Joint Inventor, if any:			☐ A petition has been filed for this unsigned inventor							
Given Name (first and middle (if any)				Family Name or Surname						
Ashok				GORE						
Inventor's Signature	Ashoh	4.80	ne					Date 05/07/02		
Residence: City	San Ramon	State	CA Country US					Citizenship l		us
Post Office Address	PARA 1									
Post Office Address	2050 Goldenrod I	_ane						,		-
City	San Ramon	non State CA ZIP 94583 Country US								us
Name of Additional	Joint Inventor,	if any:			A petition h	as beer	n filed fo	this unsig	ned	inventor
Given Name	(first and middle (if	f any)			-	Fam	ily Name	or Surnan	ne	
Inventor's Signature	ntor's Signature Date									
City		State			Country			Citizensh	nip	
Post Office Address										
Post Office Address								I		
City		State			ZIP			Country		
Name of Additional	Joint Inventor,	if any:			A petition h	as beer	n filed fo	r this unsig	ned	inventor
Given Name	(first and middle (if	fany)				Fam	ily Name	or Surnan	1e	
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Inventor's Signature					T			Date		
City	State Country Citizenship									
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City	State ZIP Country									

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